POSITION	INITIALO		
	INITIALS	ID NO.	DATE
FEE DETERMINATION	1	-	
O.I.P.E. CLASSIFIER	<u> </u>	11/	8,121-00
FORMALITY REVIEW	20	12	8/20
RESPONSE FORMALITY REVIEW	-K-1	5/5	10-03-00

INDEX OF CLAIMS

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Claim 23 Date	Claim	Date] [
Final Original Original Congress Control Contr	Final		1	Pate
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30	79		128	
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40	90		139	+++
41 42	91		140	+++
43	92		141	
44	93		143	+++
46	95		144	+++-
47	96	 	146	+
49	98	++++	147	
50	100		149	+

If more than 150 claims or 10 actions staple additional sheet here

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